Name in Full

Certificate of Death

Florence Catherine Baynard

Died at Town Cordova County Talbot MARYLAND

Date 1899 Month Sept. Day

Age Y. M. D. 15

Native of Md

Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name Roney Baynard

Mother's Name Mattie Baynard

Cause of Death

Primary Indigestion, Diarrhoea

Immediate Meningitis

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by Chas. H. Rose, M. D.

Address Cordova.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Blades

Died at Town: Near Queen Anne | County: Talbot | MARYLAND

Date 189 9 | Month: Sept | Day: 30 | Age: Y. 3 M. D. | Native of: Maryland | Occupation:

Mele ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Neme: James Blades | Mother's Name: Louisa Blades

Ceuse of Death: Primary | Immediate: Colrea Infantum | How long sick: Nearly all the time

Accident, Suicide, Homicide

Reported by: John L Russum Undertaker

Address: Hillsboro Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. None in attendance

of

Seen by Coroner

of

Information contained in this certificate received

from Relatives of family

of

Name in Full H. Robert Harrison

Certificate of Death

Died at Town St Michael County Talbot MARYLAND

Date 1899 Month Sept Day 30 Age Y. - M. - D. 7 Native of St Michaels Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living —

Husband of Wife — — — — — —

Father's Name C. E. Harrison Mother's Name Roxy A Harrison

Cause of Death Primary Hepatitis How long sick

Immediate Convulsions Accident, Suicide, Homicide

Reported by A B Glascock

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Dr Glasscock

Name in Full

Certificate of Death

Baby Hackett

Died at Town Queen Anne County Tabbot Co MARYLAND

Date 1899 Month 9 Day 15 Age Y. M. D. 10 hours Native of — Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Robley Hackett

Father's Name Robley Hackett Mother's Name Lillian B. Hackett

Cause of Death Primary Asthenia How long sick

Immediate Accident, Suicide, Homicide

Reported by Robley Hackett M.D.

Address Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Effie A. Higgins

Certificate of Death

Died at Town: St Michaels County: Talbot — MARYLAND

Date 189 9 — Month: Sept — Day: 10 — Age: Y. 29 M. 10 D. 7 — Native of: St Michaels — Occupation: Seamstress

~~Male~~ / Female — ~~Colored~~ / White — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~ None

~~Husband~~ / Wife of — —

Father's Name: Daniel J. Higgins — Mother's Name: Hennett G. Higgins

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: one year

Immediate: Debility — ~~Accident, Suicide, Homicide~~

Reported by A. B. Blascock

Address St. Michaels Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full: Archie W. Hopkins

Certificate of Death

Died at — Town: St. Michaels — County: Talbot — MARYLAND

Date 1899 — Month: Sept — Day: 28 — Age: Y. — M. 1 — D. 5 — Native of: St. Michaels — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — Number of children living: one

Husband / Wife of: — —

Father's Name: Ed. A. Hopkins — Mother's Name: Gertrude Hopkins

Cause of Death — Primary: Inflammation of Umbilicus — Immediate: Debility

How long sick: one week

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: A. B. Glascock

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Isaac Johnson Jr. Certificate of Death

Town Coppersville County Talbot MARYLAND

Died at

Date 1899 Month Sept Day 6th | Age Y. 23 M. 11 D. 15 | Native of Md | Occupation Servant

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Isaac Johnson

Mother's Name Mary Johnson

Cause of Death: Primary Typhoid Fever — How long sick 3 weeks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Julius A Johnson

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full | Certificate of Death

Harry Kirby

Town | County

Died at St Michaels Talbot MARYLAND

Date 1899 Month Sept. Day 21 | Age Y. 4 M. — D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number~~ of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Drowned in St Michaels harbor accidental | How long sick —

Immediate | Accident, ~~Suicide, Homicide~~

Reported by Robt A. Dodson

St Michaels Md

...gned by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55860

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1899
MD.

Dr. Thos. Connell

Easton

Md.

Name in Full James Thomas Kirby

Certificate of Death

Died ~~near~~ Town Easton County Talbot MARYLAND

Date 189 Month Sep Day 13 | Age Y. 71 M. 9 D. 10 | Native of Talbot Co | ~~Occupation~~ Farmer

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~ | Number of children living 5

~~Husband~~ / ~~Wife~~ of Nannie Price

Father's Name Joseph L. Kirby | Mother's Name Henrietta

Cause of Death — Primary Several Debility | How long sick

Immediate Heart Failure | Accident, Suicide, Homicide

Reported by J. B. Merrill

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full — Certificate of Death

John Morris.

Died near Trappe (Town) Talbot (County) MARYLAND

Date 1899 Month 9- Day 13- | Age Y. 56 M. 3- D. 13 | Native of Somerset Co | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name — Nelson Morris. | Mother's Name — Mary A Roesbeck-

Cause of Death: Primary — Pneumonia- | How long sick — 10 days

Immediate — Collapse | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph A Ross Jr M D

Address Trappe Talbot Co, Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Geo. Thos. Parrott — Certificate of Death

Died at: Town: St Michaels — County: Talbot — MARYLAND

Date 189: Month: 9 Sept — Day: 6 — Age: Y. 1 — M. 5 — D. 17 — Native of: Md — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ / Divorced — Number of ~~children~~ living

Husband / Wife of: —

Father's Name: Geo. W Parrott — Mother's Name: Mary E. Parrotts

Cause of Death — Primary: Gastric Enteritis — How long sick: 9 Days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: R A Dodson

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Dr. Thos. Connell
Easton
Talbot Co. Md

Name in Full

Certificate of Death

Mary Ann Pinckney

Died near Town Trappe County Talbot MARYLAND

Month	Day	Age Y.	M.	D.	Native of	Occupation
9	26.	21	-	—	Talbot	—

Date 1899-

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Henry Pinckney

Mother's Name Mollie Green.

Cause of Death: Primary — Pulmonary Tuberculosis. How long sick 10 months.

Death: Immediate — Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph A Ross Jr M D

Address Trappe Talbot Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Roland Smithman

Died at St Michaels (Town) Talbot (County) MARYLAND

Date 1899 Month Sept Day 5 | Age Y. — M. 7 D. 7 | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name John Smithman

Mother's Name Willie Smithman

Cause of Death: Primary — Entero-Colitis — How long sick Three weeks

Immediate — Heart failure — ~~Accident~~, ~~Suicide~~, Homicide

Reported by A Tilghman

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Helena Taylor

Certificate of Death

Died at: Town: Trappe County: Talbot

MARYLAND

Date 1899: Month: Sept Day: 11

Age: Y. — M. 1 D. 12

Native of: Md

Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: C. C. Taylor

Mother's Name: Lillie C. Taylor

Cause of Death: Primary: Gastro Enteritis

Immediate: Exhaustion

How long sick: 4 wks

~~Accident, Suicide, Homicide~~

Reported by: Wm S. Seymour

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wilmer Tyler

Certificate of Death

Town Easton B.C.N. County Talbot MARYLAND

Died at Easton B.C.N. Talbot MARYLAND

Date 1899 Month 7 Day 17. | Age Y. 4 M. D. | Native of Talbot | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Leo H. Tyler

Mother's Name Lydia Tyler

Cause of Death: Primary

Immediate Diphtheria — How long sick

Accident, Suicide, Homicide

Reported by R A Woodson

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Mr. A. E. Waters

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 189 Month Sept. Day 5th Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Typhoid fever | Immediate

How long sick

Accident, Suicide, Homicide

Reported by E. R. Trippe, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name In Full

John Oliver White

Certificate of Death

Town

County

Talbot

Died at

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	9	19	Age 16	4			

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of

~~Wife~~

Father's Name Isaac White

Mother's Name Hannah White

Cause of Death — Primary

How long sick

Immediate Drowned

Accident, ~~Suicide, Homicide~~

Reported by C & W Alley

Address St Michaels Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70703

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Name in Full

Certificate of Death

Henry Williams

Died at St. Michaels (Town) Talbot (County) MARYLAND

Date 189 9 Month Sept Day 22 | Age Y. 59 M. 4 D. 24 | Native of St. Michaels | Occupation Retired merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 6

Husband / Wife of Annie E. Williams

Father's Name Sami Williams | Mother's Name Lydia Williams

Cause of Death: Primary Apoplexy — How long sick one days

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by A. B. Babcock

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ATOCO

Dr Glasscock